



LOUISVILLE/JEFFERSON COUNTY METRO REVENUE COMMISSION

ELECTRONIC FUNDS TRANSFER AGREEMENT (ACH CREDIT)

Reason for Submission:

- ☐ New ACH Credit Authorization
☐ Revision to Current Authorization (*i.e. account or bank changes*)
☐ ACH Termination Request

(Please type or print clearly in black ink.)

Please check one: **Taxpayer** ☐ **Payroll Services Provider** ☐

Business Name	Metro Revenue Commission Account Number	
Address	Federal Employer Identification Number	
City	State	ZIP Code
EFT Contact Person	Telephone Number ()	
Financial Institution	Bank Acct No	
E-mail Address	Fax Number ()	

The Louisville/Jefferson County Metro Revenue Commission is hereby requested to grant approval to the above named business to initiate Automated Clearing House credit transactions to the bank account of the Louisville/Jefferson County Metro Revenue Commission. These payments must be in the National Automated Clearing House Association (NACHA) CCD+ format using the Tax Payment Convention (TXP). I understand that the above named business is responsible for paying the cost of initiating such transactions that may be charged by the business' financial institution. I acknowledge that the origination of ACH transaction to my account must comply with the provisions of U.S. law. I, along with Louisville/Jefferson County Metro Revenue Commission, agree to abide by all applicable ACH operating rules in effect. Any transmission errors are the responsibility of the taxpayer and their bank.

This agreement is to remain in full force and effect until the Metro Revenue Commission has received written notification from me of its termination so as to afford the interested parties a reasonable time to act on it.

Authorized Signature	Title
Print Name	Date

Send your completed agreement to:

Louisville/ Jefferson County Metro Revenue Commission
Finance Division
101 South Eighth
Louisville, KY 40202

Or fax to:

502-574-4818

KEEP A COPY OF THIS AGREEMENT FOR YOUR RECORDS